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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/435,249
		Filing Date	11/05/1999
		First Named Inventor	SCHNEIDER, Jay S.
		Group Art Unit	1635
		Examiner Name	Antione Royall
Total Number of Pages in This Submission	27	Attorney Docket Number	SCH01-C1001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	CPA transmittal, Specification and Sequence Listing
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Clifford K. Weber
Signature	
Date	July 3, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTORNEY DOCKET NO.: SCH01-C1001

TITLE:

Treatment for Parkinson's Disease With
Oligonucleotides

INVENTOR(S):

SCHNEIDER, Jay S.

"Express Mail" Label No. ET 601501234 US

Date of Deposit – July 3, 2001

I hereby certify that this paper (and any documents identified as enclosed herein) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:

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By Clifford K. Weber

Clifford K. Weber

Assistant Commissioner for Patents
BOX CPA
Washington, DC 20231

Sir:

Transmitted herewith for filing, please find the following:

1. Transmittal Form
2. Fee Transmittal Form
3. CPA Transmittal (2 Copies)
4. Specification
5. Paper copy Gene Sequence Listing
6. Certificate of Express Mailing

Respectfully submitted,

Clifford K. Weber
Registration No. 42,215

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JUL 05 2001

PTO/SB/29 (2/98)

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	22	-20* =	2	x \$ 18.00 =	\$ 36.00
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (l))	10	-3** =	7	x \$ 80.00 =	\$560.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))					+ \$ 270.00 = \$0.00
					BASIC FEE (37 C.F.R. § 1.16)
					\$710.00
					Total of above Calculations = \$1,306.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					TOTAL = \$653.00

6. Small entity status:

- a. A small entity statement is enclosed, if (b) and (c) do not apply.
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 0491:

- a. Fees required under 37 C.F.R. § 1.16.
- b. Fees required under 37 C.F.R. § 1.17.
- c. Fees required under 37 C.F.R. § 1.18.

8. A check in the amount of \$_____ is enclosed.

9. Other:

NOTE: *The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

10. NEW CORRESPONDENCE ADDRESS

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11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type) Clifford K. Weber

Signature 

Registration No. (Attorney/Agent) 42,215

Date July 3, 2001